NAME, ADDRESS AND ZIP CODE OF DEFENDANT Commonwealth v.	X SUMMONS FOR WITNESS			DOCKET NUMBER		Trial Court of Massachusetts District Court Department		
NAME, ADDRESS AND ZIP CODE OF DEFENDANT Commonwealth v.	SESSION: X CRIMINAL X TRIAL				NAME A	AND ADDRESS OF COURT DIVISION YOU MUST		
AND TIME SPECIFIED HEREIN DATE AND TIME OF APPERANCE: March 5, 2012 at 8:45am JURY TRIAL DATE TIME NAME, ADDRESS AND ZIP CODE OF WITNESS MS. Annie Dookhan Mss. Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, Mass. 02130 TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness person of suitable and discretion then residing therein, or by mailing it to the defendant or witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 170(11) of the Massachusetts Rules of Criminal Procedure. To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. WARNING TO WITNESS: Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court. Please check in on the 2 nd floor at the District Attorney's Office if you do not appear, the case may be dismissed. WITNESS: DATE OF SERVICE I hereby certify that I served the within summons upon the above named Witness by Delivering a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. Malling a copy of it to the last known address of the defendant or witness DATE OF SERVICE SIGNATURE OF PERSON MAKING SERVICE TIT		NAME, ADDRESS AND ZIP CODE OF DEFENDANT				Quincy District Court One Dennis F. Ryan Parkway Quincy, MA 02169		APPEAR AT THIS COURT ADDRESS ON
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